| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF INDIANA | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Keith First name A. Middle name Huffman Last name and Suffix (Sr., Jr., II, III) | Maurisa First name M. Middle name Huffman Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0552 | xxx-xx-5889 |

Debtor 1 Keith A. Huffman

Debtor 2 Maurisa M. Huffman

Case number (if known)

| About Debtor 1: | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|-----------------|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | |
| 5. | Where you live | 1423 Bedford Dr. | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Allen | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

| _ | btor 2 Maurisa M. Huffma | an | | | Case number (if known) | |
|-----|---|---------------------------------------|--|---|---|-----------------------|
| Pai | rt 2: Tell the Court About | Your Bankruptc | y Case | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | of each, see <i>Notice Required by</i> of page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bank b box. | kruptcy |
| | choosing to file under | Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| 8. | How you will pay the fee | about ho order. If y a pre-prir | w you may pay. Typ your attorney is subi nted address. | oically, if you are paying the fee you mitting your payment on your beha | with the clerk's office in your local court for mourself, you may pay with cash, cashier's check, olf, your attorney may pay with a credit card or cl | or money heck with |
| | | ☐ I need to | pay the fee in inst | tallments. If you choose this options (Official Form 103A). | n, sign and attach the Application for Individuals | s to Pay |
| | | ☐ I request but is not | t that my fee be wa t required to, waive y | rived (You may request this option your fee, and may do so only if you | only if you are filing for Chapter 7. By law, a jud ir income is less than 150% of the official pover | ty line that |
| | | | | | installments). If you choose this option, you muial Form 103B) and file it with your petition. | ist tiii out |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | |
| | last 8 years? | ☐ Yes. | | | | |
| | | Dist | rict | When | Case number | |
| | | Dist | rict | When | Case number | |
| | | Dist | rict | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | Deb | otor | | Relationship to you | |
| | | Dist | rict | When | Case number, if known | |
| | | Deb | otor | | Relationship to you | |
| | | Dist | rict | When | Case number, if known | |
| 11. | Do you rent your | ■ No. Go | to line 12. | | | |
| | residence? | ☐ Yes. Ha | s your landlord obta | ained an eviction judgment against | you? | |
| | | | No. Go to line | 12. | | |
| | | | | | ludgment Against You (Form 101A) and file it as | s part of |
| | | | | | | |

| | otor 1 Keith A. Huffman otor 2 Maurisa M. Huffma | an | | Case number (if known) | | | |
|-----|---|------------------------|--|---|--|--|--|
| | | | | | | | |
| Par | Report About Any Bus | sinesses ` | ou Own as a Sole Proprie | tor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | Name and location of business | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | te & ZIP Code | | | |
| | it to this petition. | | Check the appropriate bo | ox to describe your business: | | | |
| | | | ☐ Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | ☐ Single Asset Real | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Stockbroker (as d | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ■ None of the above | e | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | |
| | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |

Case 19-10606-reg Doc 1 Filed 04/10/19 Page 5 of 56 Debtor 1 Keith A. Huffman Maurisa M. Huffman Debtor 2 Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed briefing about credit counseling agency within the 180 days before I counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment plan, if Attach a copy of the certificate and the payment receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check counseling agency within the 180 days before I filed counseling agency within the 180 days before I one of the following filed this bankruptcy petition, but I do not have this bankruptcy petition, but I do not have a certificate choices. If you cannot do a certificate of completion. of completion. so, you are not eligible to file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. request, and exigent circumstances merit a 30-day days after I made my request, and exigent circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: ☐ Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or makes me incapable of realizing or making rational making rational decisions about finances. decisions about finances. Disability. Disability. My physical disability causes me to be My physical disability causes me to be unable to unable to participate in a briefing in person, participate in a briefing in person, by phone, or by phone, or through the internet, even after I through the internet, even after I reasonably tried to reasonably tried to do so. do so.

Active duty.

military combat zone.

I am currently on active military duty in a

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

П

Active duty.

combat zone.

of credit counseling with the court.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

| Answer These Questions for Reporting Purposes 16. What kind of debts do you have? 16. What so do to line 16. 17. Are your filting under Chapter 7. Bo you estimate that after any exempt property is excluded and administrative expenses be available for distribution to unsecured creditors? 17. Are you filting under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses be available for distribution to unsecured creditors? 18. How many Creditors do your estimate that you assess to be available for distribution to unsecured creditors? 19. How much do you estimate that you assess to be worth? 19. How much do you estimate your isabilities to be you should be your assess to be worth? 19. Soo, 00.01 - \$100.000 \$10.000.001 - \$10.000 \$20.000.001 - \$10.000.000 \$10.000.001 - \$10.000 | | tor 1 Keith A. Huffman tor 2 Maurisa M. Huffma | an | | Case nu | imber (if known) | | | |
|--|--|---|-----------------------|--|--|--|--|--|--|
| Individual primarily for a personal, family, or household purpose." | Part | 6: Answer These Quest | ions for R | eporting Purposes | | | | | |
| Yes. Go to line 17. | 16. | | 16a. | | | defined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| 16b. Are your dibbts primarily business dobte? Business dobte and dabte that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | ☐ No. Go to line 16b. | I No. Go to line 16b. | | | | |
| money for a business or investment or through the operation of the business or investment. No. Go to line 18c. Yes. Co to line 17. | | | | Yes. Go to line 17. | | | | | |
| Text | | | 16b. | | | | | | |
| 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under Chapter 7. Go to line 18. | | | | ☐ No. Go to line 16c. | □ No. Go to line 16c. | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured reditors? 18. How many Creditors do you estimate that you owe? 19. How many Creditors do you estimate that you owe? 19. How many Creditors do you estimate that you owe? 10. 1-49 | | | | ☐ Yes. Go to line 17. | | | | | |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? 18. How many Creditors do you estimate that you over? 19. How much do you estimate that you over? 19. How much do you estimate that you over? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be? 19. How much do you estimate your liabilities to be? 19. How much do you estimate your liabilities to you you have you | | | 16c. | State the type of debts you owe th | at are not consumer debts or bus | siness debts | | | |
| after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No | 17. | | □ No. | I am not filing under Chapter 7. Go | I am not filing under Chapter 7. Go to line 18. | | | | |
| administrative expenses are paid that funds will be available for distribution to unsecured creditors? 18. How many Creditors do you estimate that you owe? 19. How much do you estimate that you owe? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your liabilities to be? 19. S50,000,001 - \$100,000 | | after any exempt | ■ Yes. | | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expense are paid that funds will be available to distribute to unsecured creditors? | | | | |
| be available for distribution to unsecured creditors? 18. How many Creditors do you estimate that you owe? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 20. How much do you! 21. How much do you estimate your assets to be worth? 22. How much do you estimate your liabilities to be? 23. Soo,0001 - \$100,000 25.0001 - \$100,000 25.0000001 - \$100,000 25.0000001 - \$500,000 25.0000001 - \$500,000 25.0000001 - \$500,000 25.0000001 - \$500,000 25.0000001 - \$500,000 25.0000,001 - \$500 million 25.00001 - \$100,000 25.0000,001 - \$500 million 25.00001 - \$100,000 25.0000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100 million 25.000,001 - \$100 million 25.000,001 - \$100,000 25.000,001 - \$100,000 25.000,001 - \$100 million 25.000,001 - \$100 milli | | administrative expenses | | ■ No | | | | | |
| you estimate that you owe? 50.99 | be available for distribution to unsecured | | | ☐ Yes | | | | | |
| Supplementary Supplementar | 18. | | 1 -49 | | □ 1,000-5,000 | 25,001-50,000 | | | |
| 19. How much do you estimate your assets to be worth? \$0. \$50,000 | | | | | | | | | |
| estimate your assets to be worth? \$50,001 - \$100,000 | | | _ | | □ 10,001-25,000 | ☐ More than 100,000 | | | |
| be worth? \$50,001 - \$100,000 | 19. | | □ \$0 - \$ | □ \$0 - \$50,000 □ \$1,000,00 | | ☐ \$500,000,001 - \$1 billion | | | |
| 20. How much do you estimate your liabilities to be? \$0 - \$50,000 | | | | | | | | | |
| estimate your liabilities to be? \$50,001 - \$100,000 | | | _ \$100,001 \$000,000 | | | | | | |
| For you Sign Below Sign Below Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. Is/ Keith A. Huffman Signature of Debtor 1 Signature of Debtor 2 Executed on April 10, 2019 Executed on April 10, 2019 | 20. | | □ \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. /s/ Keith A. Huffman Keith A. Huffman Signature of Debtor 1 Executed on April 10, 2019 Executed on April 10, 2019 | | | | | _ | <u> </u> | | | |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. Is/S Keith A. Huffman Keith A. Huffman Signature of Debtor 1 Executed on April 10, 2019 Executed on April 10, 2019 | | | | · · | | | | | |
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| United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. //s/ Keith A. Huffman Keith A. Huffman Signature of Debtor 1 Executed on April 10, 2019 Executed on April 10, 2019 | For | you | I have ex | camined this petition, and I declare u | under penalty of perjury that the in | nformation provided is true and correct. | | | |
| document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. /s/ Keith A. Huffman Keith A. Huffman Signature of Debtor 1 Executed on April 10, 2019 Executed on April 10, 2019 | | | | | | | | | |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. /s/ Keith A. Huffman Keith A. Huffman Signature of Debtor 1 Executed on April 10, 2019 Executed on April 10, 2019 | | | | | | | | | |
| bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. /s/ Keith A. Huffman Keith A. Huffman Signature of Debtor 1 Executed on April 10, 2019 Signature of Debtor 2 Executed on April 10, 2019 | | | I request | relief in accordance with the chapte | er of title 11, United States Code, | specified in this petition. | | | |
| Keith A. HuffmanMaurisa M. HuffmanSignature of Debtor 1Signature of Debtor 2Executed on April 10, 2019Executed on April 10, 2019 | | | bankrupt | cy case can result in fines up to \$25 | | | | | |
| Signature of Debtor 1 Signature of Debtor 2 Executed on April 10, 2019 Executed on April 10, 2019 | | | | | | | | | |
| | | | | | | | | | |
| | | | Executed | d on April 10. 2019 | Executed on | April 10, 2019 | | | |
| | | | | | | | | | |

| Debtor 1 Keith A. Huffman Debtor 2 Maurisa M. Huffm | | Case | e number (if known) |
|---|--|---------------------------|--|
| | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petit under Chapter 7, 11, 12, or 13 of title 11, United S for which the person is eligible. I also certify that | States Code, and have e | |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, ce schedules filed with the petition is incorrect. | rtify that I have no know | ledge after an inquiry that the information in the |
| | /s/ Dennis G. Golden | Date | April 10, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Dennis G. Golden | | |
| | Printed name | | |
| | Golden Law, PC | | |
| | Firm name | | |
| | 822 Mill Lake Road | | |
| | Fort Wayne, IN 46845 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone 260-637-7100 | Email address | dgolden@goldenlaw.biz |
| | 23322-02 IN | | |
| | Bar number & State | | <u> </u> |

| Fill in this information | to identify your case: | | |
|---|--|---|--|
| United States Bankrupt | cy Court for the: | | |
| NORTHERN DISTRICT | OF INDIANA | | |
| Case number (if known) | | Chapter you are filing under: | |
| | | Chapter 7 | |
| | | ☐ Chapter 11 | • |
| | | ☐ Chapter 12 | |
| | | ☐ Chapter 13 | ☐ Check if this an amended filing |
| case—and in joint cas would be yes if either between them. In joint all of the forms. Be as complete and ac | es, these forms use you to ask for inform debtor owns a car. When information is r cases, one of the spouses must report in cases as possible. If two married people | nation from both debtors. For example, if a needed about the spouses separately, the nformation as <i>Debtor 1</i> and the other as <i>L</i> are filing together, both are equally resp | bankruptcy case together—called a <i>joint</i> a form asks, "Do you own a car," the answer form uses <i>Debtor 1</i> and <i>Debtor 2</i> to distinguisl <i>Debtor 2</i> . The same person must be <i>Debtor 1</i> in consible for supplying correct information. If ur name and case number (if known). Answer |
| Part 7: Sign Below | | | |
| For you | I have examined this petition, an | d I declare under penalty of perjury that the | information provided is true and correct. |
| | | apter 7, I am aware that I may proceed, if eli d the relief available under each chapter, an | gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7. |
| | | d I did not pay or agree to pay someone who read the notice required by 11 U.S.C. § 342(| |
| | I request relief in accordance wit | th the chapter of title 11, United States Code | , specified in this petition. |
| | | | ney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | seite Though | Mauria V | u buffin |
| | Keith A. Huffman Signature of Debtor 1 | Maurisa M. Signature of I | |
| | Executed on April 9, 2019 MM / DD / YYYY | | April 9, 2019 MM / DD / YYYY |

For your attorney, if you are represented by one

I, the attorney for the deblor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, pr 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filled with the petition is incorrect.

Date April 9, 2019

Signature of Attorney for Debtor

Dennis G. Golden

Printed name

Golden Law, PC

Firm name

822 Mill Lake Road

Fort Wayne, IN 46845

Number, Street, City, State & ZIP Code

dgolden@goldenlaw.biz

Contact phone 260-637-7100

23322-02 IN

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Debtor 1

Keith A. Huffman

| Fill in this infor | rmation to identify your | case: | | |
|---------------------------------|--|--|---|---|
| Debtor 1 | Keith A. Huffman | | | |
| D | First Name | Middle Name Las | t Name | |
| Debtor 2 (Spouse if, filing) | Maurisa M. Huffm First Name | | t Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF INDIAN | Α | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| Official For | m 106Dec | | | |
| Declara | tion About a | an Individual Debt | or's Schedules | 12/15 |
| years, or both. | ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below | in connection with a bankruptcy cas 1519, and 3571. | e can result in fines up to \$250,000 |), or imprisonment for up to 20 |
| ■ No | Ay or agree to pay some | eone who is NOT an attorney to help | Attach <i>Bank</i> ı | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare | that I have read the summary and s | chedules filed with this declaration | n and |
| X Him | | . х | all we that we had | |
| Keith | A. Huffman | | Maurisa M. Huffman | |
| | ure of Debtor 1 April 9, 2019 | | Signature of Debtor 2 Date April 9, 2019 | |
| | | | | |
| | | | | |
| Official Form 10 | 6Dec | Declaration About an Individ | ual Debtor's Schedules | • |
| Software Copyright (c | c) 1996-2019 Best Case, LLC - w | ww.bestcase.com | | Best Case Bankruptcy |

| Fill in this inform | ation to identify your ca | ase: | | | |
|-------------------------------------|--|-----------------------|---|---|---------------------------------|
| Debtor 1 | Keith A. Huffman | Middle Name | Last Name | | |
| Debtor 2 | Maurisa M. Huffma | | Laşt Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | kruptcy Court for the: | NORTHERN DISTRIC | CT OF INDIANA | | |
| Case number | | | | | |
| (if known) | | | | · · · · · · · · · · · · · · · · · · · | ck if this is an nded filing |
| Official For | | ffairs for Indi | viduals Filing for l | Bankruptcy | 4/19 |
| information. If m | nd accurate as possible ore space is needed, at ı). Answer every questic | tach a separate sheet | ole are filing together, both ar to this form. On the top of a | e equally responsible for supplyi ny additional pages, write your n | ing correct ame and case |
| Part 12: Sign B | elow | | | | |
| are true and correwith a bankruptcy | ect. I understand that m | aking a false stateme | | declare under penalty of perjury to obtaining money or property by frances, or both. | |
| Huch a | Heftens | 1/2 | auso W all | | |
| Keith A. Huffm | | ****** | urisa M. Huffman | | |
| Signature of Del | otor 1 | Sigi | nature of Debtor 2 | | |
| Date April 9, | 2019 | Dat | e April 9, 2019 | | |
| Did you attach ac ■ No □ Yes | dditional pages to Yo <i>ur</i> | Statement of Financia | al Affairs for Individuals Filin | g for Bankruptcy (Official Form 1 | 07)? |
| Did you pay or ag | gree to pay someone wl | no is not an attorney | to help you fill out bankrupto | y forms? | |
| ☐ Yes. Name of F | Person Attach the | Bankruptcy Petition F | Preparer's Notice, Declaration, | and Signature (Official Form 119). | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1
Best Case Bankruptcy

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| Fill in this informa | ation to identify your | case: | | | |
|----------------------|---|-------------------|--|----------------|----------------------|
| Debtor 1 | Keith A. Huffman | Middle Name | Last Name | | |
| Debtor 2 | | | Last Name | : | |
| (Spouse if, filing) | Maurisa M. Huffm | An Middle Name | Last Name | | |
| (Spouse II, IIIIIg) | First Name | Middle Name | Last Haille | | |
| United States Bank | kruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | | |
| | | | | l | |
| Case number | | | | _ | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official For | m 100 | | | | |
| Official For | 111 100 | | | | |
| Statemen | t of Intentio | n for Individu | als Filing Under Chap | ter 7 | 12/15 |
| | perjury, I declare that abject to an unexpired | | ion about any property of my estate that | t secures a de | ebt and any personal |
| X Kuch | a Kyle | | x Maurio M lafe | | |
| Keith A. Hu | offman | | Maurisa M. Huffman√ | | |
| Signature of I | | | Signature of Debtor 2 | | |
| Oignature of t | | | 0.ga.a.o 0. 000.0. 2 | | |
| Date Ap | oril 9, 2019 | | Date April 9, 2019 | | |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Indiana

| In re | Keith A. Huffman ^e Maurisa M. Huffman | | Case No. | | | | |
|------------|--|--|----------------------|--------------------------------|-------|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COME | PENSATION OF ATTOR | NEY FOR DE | BTOR(S) | | | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati | filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered o | r to | | |
| | For legal services, I have agreed to accept | | \$ <u></u> | 660.00 | | | |
| | Prior to the filing of this statement I have receive | ed | s | 660.00 | | | |
| | Balance Due | | \$ | 0.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | · | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed co | ompensation with any other person t | unless they are mem | bers and associates of my law | firm. | | |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | | A | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| | a. Analysis of the debtor's financial situation, and re b. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cre d. [Other provisions as needed] | statement of affairs and plan which | may be required; | • | | | |
| 6. | By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding. | | | es, relief from stay action | ıs or | | |
| İ | I certify that the foregoing is a complete statement o | 1 | normant to ma for r | annacentation of the debtor(s) | in | | |
| | bankruptcy proceeding. | rany agreement or arrangement for | payment to me for i | epresentation of the debtor(s) | 111 | | |
| 1 | April 9, 2019 | | | | | | |
| ! <i>I</i> | Date | Dennis G. Golden Signature of Attorne | | | | | |
| | | Golden Law, PC | у | | | | |
| Ì | | 822 Mill Lake Roa | | | | | |
| i | | Fort Wayne, IN 46 | | | | | |
| | | 260-637-7100 Fa dgolden@golden | | | | | |
| | | Name of law firm | | | | | |

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Best Case Bankruptcy

(6/2010)

| | | Northern District of Indiana | rt | |
|-------|--|---|---------------------|------------------------------|
| In re | Keith A. Huffman Maurisa M. Huffman | Debtor(s) | Case No. Chapter | 7 |
| | VERIF | FICATION OF CREDITOR M | 1ATRIX | |
| | e above-named debtor(s) verifies und knowledge. | der penalty of perjury that the attached list of | creditors is tru | e and correct to the best of |
| Date: | April 9, 2019 | Mich Plaffer Keith A. Huffman Signature of Debtor | | |
| Date: | April 9, 2019 | Maurisa M. Huffman | | |

Signature of Debtor

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| Fill | in this information to identify your case: | | |
|------|---|--------------|-----------------------------------|
| Del | otor 1 Keith A. Huffman | | |
| Del | First Name Middle Name Last Name Dtor 2 Maurisa M. Huffman | | |
| | First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA | | |
| | se number | _ | ck if this is an nded filing |
| | | | |
| _ | ficial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | · | 12/15 |
| nfo | as complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | t 1: Summarize Your Assets | | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 57,500.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 9,400.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 66,900.00 |
| Dor | t 2: Summarize Your Liabilities | | 00,000.00 |
| гаі | 12. Summanze rour Liabilities | Varia | |
| | | | l iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 73,459.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 27,723.00 |
| | Your total liabilities | \$ | 101,182.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) | | |
| | Copy your combined monthly income from line 12 of Schedule I | \$ | 3,557.23 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,532.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your properties. | our other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily fo household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | r a persona | l, family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the the court with your other schedules. | is box and | submit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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| Keith A. Huffman Maurisa M. Huffman | Case number (if known) | |
|--|------------------------|--|
| | | |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,061.94

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|---------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this information | | | | |
|--|--|---|--|---|
| | n to identify your case a | nd this filing: | | |
| | eith A. Huffman | Middle Name Last Name | | |
| | aurisa M. Huffman st Name | Middle Name Last Name | | |
| United States Bankrup | tcy Court for the: NOR | THERN DISTRICT OF INDIANA | | |
| Case number | | | | ☐ Check if this is an amended filing |
| Official Form Schedule A | <u>106A/B</u> VB: Propert | v | | 12/15 |
| n each category, separat hink it fits best. Be as c nformation. If more spac Answer every question. | tely list and describe items omplete and accurate as p ce is needed, attach a sepa | List an asset only once. If an asset fits in more than on ossible. If two married people are filing together, both are rate sheet to this form. On the top of any additional page or Other Real Estate You Own or Have an Interest In | e equally responsible for su | the category where you upplying correct |
| Yes. Where is the p | roperty? | | | |
| 11 | | What is the property? Check all that apply | | |
| 1.1 1423 Bedford [Street address, if availa | Dr. able, or other description | What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured cl the amount of any secure Creditors Who Have Clai | ed claims on Schedule D: |
| 1423 Bedford [| | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | the amount of any secure | current value of the portion you own? |
| 1423 Bedford I Street address, if availa | able, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$57,500.00 Describe the nature of y | Current value of the portion you own? \$57,500.00 Your ownership interest ancy by the entireties, or |
| 1423 Bedford I Street address, if availa | able, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$57,500.00 Describe the nature of y (such as fee simple, ten a life estate), if known. | Current value of the portion you own? \$57,500.00 Your ownership interest ancy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| . Car | r1 K r2 <u>M</u> | eith A. Huffman Iaurisa M. Huffman | Ca | ase number (if known) | |
|-------|----------------------------|--|--|---|---------------------------------------|
| | s, vans, | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | 10 | | | | |
| ■ Y | 'es | | | | |
| | | | | | |
| 3.1 | Make: | Jeep | Who has an interest in the property? Check one | Do not deduct secured clause the amount of any secure | |
| | Model: | Cherokee | Debtor 1 only | Creditors Who Have Clair | |
| | Year: | 2005 | ■ Debtor 2 only | Current value of the | Current value of the |
| | Approxin | nate mileage: 120000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | ormation: | At least one of the debtors and another | | |
| | | on: 1423 Bedford Dr., aven IN 46774 | ☐ Check if this is community property (see instructions) | \$2,800.00 | \$2,800.00 |
| 3.2 | Make: | Buick | Who has an interest in the property? Check one | Do not deduct secured cl | aims or exemptions. Put |
| 0.2 | Model: | Century | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2005 | Debtor 2 only | | |
| | | nate mileage: 158000 | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other inf | ormation: | At least one of the debtors and another | | |
| | | on: 1423 Bedford Dr., aven IN 46774 | Check if this is community property (see instructions) | \$2,000.00 | \$2,000.00 |
| | | | | | |
| 3.3 | Make: | Ford | Who has an interest in the property? Check one | Do not deduct secured cla | |
| | Model: | Contour | ■ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 1979 | Debtor 2 only | Current value of the | Current value of the |
| | Approxin | nate mileage: 110000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | ormation: | ☐ At least one of the debtors and another | | |
| | | on: 1423 Bedford Dr., aven IN 46774 | Check if this is community property (see instructions) | \$2,000.00 | \$2,000.00 |
| | | | | D | |
| 3.4 | Make: | Chevrolet | Who has an interest in the property? Check one | Do not deduct secured cla the amount of any secure | |
| | Model: | Equinox | Debtor 1 only | Creditors Who Have Clair | ms Secured by Property. |
| | Year: | 2017 | Debtor 2 only | Current value of the | Current value of the |
| | | nate mileage: | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| 1 | | ormation: | ☐ At least one of the debtors and another | | |
| | | aven, IN 46774 | Check if this is community property (see instructions) | Unknown | Unknown |

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| Debto: | | | Case number | (if known) |
|----------------|---|--|--------------------|--|
| | | furnishings nces, furniture, linens, china, kitchenware | | |
| | Yes. Describe | | | |
| | | Furniture & appliances Location: 1423 Bedford Dr., New Haven IN 46774 | | \$1,300.00 |
| Exa | including ce | and radios; audio, video, stereo, and digital equipment; computers, pr Il phones, cameras, media players, games | inters, scanner | s; music collections; electronic devices |
| | | Consumer electronics Location: 1423 Bedford Dr., New Haven IN 46774 | | \$500.00 |
| Exa | other collect | d figurines; paintings, prints, or other artwork; books, pictures, or othe ions, memorabilia, collectibles | r art objects; sta | amp, coin, or baseball card collections; |
| 9. Eq u | Yes. Describe sipment for sports a amples: Sports, phot musical inst | ographic, exercise, and other hobby equipment; bicycles, pool tables, | golf clubs, skis | s; canoes and kayaks; carpentry tools; |
| | Yes. Describe | | | |
| = 1 | xamples: Pistols, rifle | es, shotguns, ammunition, and related equipment | | |
| | xamples: Everyday o | lothes, furs, leather coats, designer wear, shoes, accessories | | |
| | | Clothing Location: 1423 Bedford Dr., New Haven IN 46774 | | \$400.00 |
| □ n | xamples: Everyday j | ewelry, costume jewelry, engagement rings, wedding rings, heirloom j | ewelry, watche | s, gems, gold, silver |
| | | Jewelry Location: 1423 Bedford Dr., New Haven IN 46774 | | \$200.00 |
| - | on-farm animals xamples: Dogs, cats | birds, horses | | |
| | Yes. Describe | | | |
| | | Dog Location: 1423 Bedford Dr., New Haven IN 46774 | | \$0.00 |

Case 19-10606-reg Doc 1 Filed 04/10/19 Page 20 of 56

| Debtor 1 Debtor 2 | Keith A. Huffman Maurisa M. Huffman Case number (if kno | own) |
|----------------------|---|---|
| 14. Any o | other personal and household items you did not already list, including any health aids you did not lis | st |
| | s. Give specific information | |
| | Misc. tools Location: 1423 Bedford Dr., New Haven IN 46774 | \$200.00 |
| | 7 | |
| | the dollar value of all of your entries from Part 3, including any entries for pages you have attached Part 3. Write that number here | \$2,600.00 |
| Part 4: D | escribe Your Financial Assets | |
| Do you o | wn or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | nples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your p | petition |
| <i>Exam</i> ■ No | sits of money nples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokera institutions. If you have multiple accounts with the same institution, list each. | age houses, and other similar |
| ☐ Yes | Institution name: | |
| <i>Exam</i> ■ No | s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: | |
| joint | publicly traded stock and interests in incorporated and unincorporated businesses, including an interest venture | erest in an LLC, partnership, and |
| ■ No | | |
| ⊔ Yes | S. Give specific information about them | |
| Nego | rnment and corporate bonds and other negotiable and non-negotiable instruments triable instruments include personal checks, cashiers' checks, promissory notes, and money orders. In negotiable instruments are those you cannot transfer to someone by signing or delivering them. | |
| | . Give specific information about them Issuer name: | |
| Exan | ement or pension accounts inples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sha | ring plans |
| ■ No □ Yes | List each account separately. | |
| . 30 | Type of account: Institution name: | |
| Your <i>Exan</i> | rity deposits and prepayments share of all unused deposits you have made so that you may continue service or use from a company oples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications con | npanies, or others |
| ■ No □ Yes | Institution name or individual: | |
| 23. Annu i | ities (A contract for a periodic payment of money to you, either for life or for a number of years) | |
| ■ No | | |
| ☐ Yes | Issuer name and description. | |

Case 19-10606-reg Doc 1 Filed 04/10/19 Page 21 of 56

| | ebtor 1 ebtor 2 | Keith A. Huffman Maurisa M. Huffman | Case number (if known) | |
|-----|--------------------|---|--|---|
| 24. | | s in an education IRA, in an account in a qualified ABLE program, or unde C. $\S\S 530(b)(1)$, $529A(b)$, and $529(b)(1)$. | r a qualified state tuition program | 1. |
| | ■ No □ Yes | Institution name and description. Separately file the records of an | y interests.11 U.S.C. § 521(c): | |
| | ■ No | equitable or future interests in property (other than anything listed in line Give specific information about them | 1), and rights or powers exercisa | ble for your benefit |
| | Patents | s, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing ag | reements | |
| | ☐ Yes. | Give specific information about them | | |
| 27. | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, liquo | or licenses, professional licenses | |
| | ☐ Yes. | Give specific information about them | | |
| M | oney or p | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | |
| | ☐ Yes. (| Give specific information about them, including whether you already filed the ret | urns and the tax years | |
| | ■ No | support les: Past due or lump sum alimony, spousal support, child support, maintenance Give specific information | e, divorce settlement, property settle | ement |
| 30. | Examp | mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay, v benefits; unpaid loans you made to someone else | racation pay, workers' compensation | on, Social Security |
| | ■ No □ Yes. | Give specific information | | |
| 31. | | ts in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit, ho | nmeowner's, or renter's insurance | |
| | ☐ Yes. I | Name the insurance company of each policy and list its value. Company name: Be | eneficiary: | Surrender or refund value: |
| 32. | If you a | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, ne has died. | or are currently entitled to receive p | |
| | ■ No □ Yes. | Give specific information | | |
| 33. | _Examp | against third parties, whether or not you have filed a lawsuit or made a de les: Accidents, employment disputes, insurance claims, or rights to sue | emand for payment | |
| | ■ No □ Yes. | Describe each claim | | |
| 34. | | ontingent and unliquidated claims of every nature, including counterclaim | ns of the debtor and rights to set | off claims |
| | ■ No □ Yes. | Describe each claim | | |

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| Debtor Debtor | | | Case number (if known) | |
|------------------|--|------------------------------|---------------------------|------------------------|
| 35. Any | financial assets you did not already list | | | |
| ■ N | 0 | | | |
| | es. Give specific information | | | |
| | dd the dollar value of all of your entries from Part 4, includir r Part 4. Write that number here | | | \$0.00 |
| Part 5: | Describe Any Business-Related Property You Own or Have an Inte | erest In. List any real esta | ate in Part 1. | |
| 37. Do y | ou own or have any legal or equitable interest in any business-rela | ted property? | | |
| ■ No | . Go to Part 6. | | | |
| ☐ Ye | s. Go to line 38. | | | |
| | | | | |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | u Own or Have an Interes | st In. | |
| 46. Do | you own or have any legal or equitable interest in any farm | - or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| | | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| 53. Do | you have other property of any kind you did not already list | 1? | | |
| | amples: Season tickets, country club membership | - | | |
| ■ N | 0 | | | |
| ΠY | es. Give specific information | | | |
| 54. A c | dd the dollar value of all of your entries from Part 7. Write th | nat number here | | \$0.00 |
| | | | | |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55 D : | rt 1: Total real estate, line 2 | | | ¢57 500 00 |
| | rt 2: Total vehicles, line 5 | | | \$57,500.00 |
| | ort 3: Total personal and household items, line 15 | \$6,800.00 \$2,600.00 | | |
| | rt 4: Total financial assets, line 36 | | | |
| | rt 5: Total business-related property, line 45 | \$0.00 \$0.00 | | |
| | rt 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| | irt 7: Total other property not listed, line 54 | \$0.00 \$0.00 | | |
| U1. 10 | at the total out of property flot flotou, fille of | φυ.υυ | | |
| 62. T o | otal personal property. Add lines 56 through 61 | \$9,400.00 | Copy personal property to | stal \$9,400.00 |
| 63. T o | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$66,900.00 |

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| Fill in this inform | mation to identify your | case: | | |
|---------------------|-------------------------|-------------------|------------|-----------------------|
| Debtor 1 | Keith A. Huffman | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Maurisa M. Huffm | nan | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|--|---|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 1423 Bedford Dr. New Haven, IN 46774 Allen County | \$57,500.00 | | \$7,596.00 | Ind. Code § 34-55-10-2(c)(1 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2005 Jeep Cherokee 120000 miles Location: 1423 Bedford Dr., New | \$2,800.00 | | \$2,800.00 | Ind. Code § 34-55-10-2(c)(2 |
| Haven IN 46774 | | | 100% of fair market value, up to | |
| Line from Schedule A/B: 3.1 | | | any applicable statutory limit | |
| 2005 Buick Century 158000 miles | \$2,000.00 | | \$2,000.00 | Ind. Code § 34-55-10-2(c)(2 |
| Location: 1423 Bedford Dr., New | | _ | | |
| Haven IN 46774 | | | 100% of fair market value, up to | |
| Line from Schedule A/B: 3.2 | | | any applicable statutory limit | |
| 1979 Ford Contour 110000 miles Location: 1423 Bedford Dr., New | \$2,000.00 | | \$2,000.00 | Ind. Code § 34-55-10-2(c)(2 |
| Haven IN 46774 | | | 100% of fair market value, up to | |
| Line from Schedule A/B: 3.3 | | _ | any applicable statutory limit | |
| Furniture & appliances Location: 1423 Bedford Dr., New | \$1,300.00 | | \$1,300.00 | Ind. Code § 34-55-10-2(c)(2 |
| Haven IN 46774 | | | 100% of fair market value, up to | |
| | | | | |

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| | btor 2 Maurisa M. Huffman | | | Case number (if known) | | | | | |
|----|---|--------------------------------------|----------|---|------------------------------------|--|--|--|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | | | |
| | Consumer electronics Location: 1423 Bedford Dr., New | \$500.00 | | \$500.00 | Ind. Code § 34-55-10-2(c)(2) | | | | |
| | Haven IN 46774 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Clothing Location: 1423 Bedford Dr., New | \$400.00 | | \$400.00 | Ind. Code § 34-55-10-2(c)(2) | | | | |
| ŀ | Haven IN 46774 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Jewelry Location: 1423 Bedford Dr., New | \$200.00 | | \$200.00 | Ind. Code § 34-55-10-2(c)(2) | | | | |
| | Haven IN 46774 Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Misc. tools Location: 1423 Bedford Dr., New | \$200.00 | | \$200.00 | Ind. Code § 34-55-10-2(c)(2) | | | | |
| | Haven IN 46774 Line from Schedule A/B: 14.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| 3. | Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No □ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? | | | | | | | | |
| | Yes. Did you acquire the property covered No | cu by the exemption wi | u III 1, | 2 13 days before you filed this case | | | | | |
| | ☐ Yes | | | | | | | | |

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| Fill in this information to ic | dentify your | case: | | | |
|---|----------------|--|---|--|-----------------------------|
| | A. Huffmar | | | | |
| First Name | | Middle Name Last Name | | | |
| Debtor 2 Mauris | a M. Huffn | nan | | | |
| (Spouse if, filing) First Name | | Middle Name Last Name | | • | |
| United States Bankruptcy Co | ourt for the: | NORTHERN DISTRICT OF INDIANA | | | |
| Case number | | | | | |
| (if known) | | | | _ | if this is an ded filing |
| Off: -: -! Farma 400D | | | | | |
| Official Form 106D | | | | | |
| Schedule D: Cre | ditors | Who Have Claims Secure | ed by Propert | У | 12/15 |
| | | two married people are filing together, both are ut, number the entries, and attach it to this form. | | | |
| 1. Do any creditors have claims | s secured by | your property? | | | |
| ☐ No. Check this box ar | nd submit th | is form to the court with your other schedules. | You have nothing else t | o report on this form. | |
| Yes. Fill in all of the in | | • | J 11-0 | | |
| | | elow. | | | |
| 2. List all secured claims. If a conformation of the formula of the secured claim. If more than one | creditor has m | ore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As al order according to the creditor's name. | Amount of claim Do not deduct the | Column B Value of collateral that supports this | Column C Unsecured portion |
| 2.1 Ally Financial | | Describe the property that secures the claim: | value of collateral. \$23,555.00 | claim Unknown | If any Unknown |
| Creditor's Name | | 2017 Chevrolet Equinox | Ψ23,333.00 | OIIKIIOWII | Olikilowii |
| | | 1423 Bedford Dr New Haven, IN 46774 | | | |
| PO Box 380901 | | As of the date you file, the claim is: Check all that | | | |
| Minneapolis, MN 55 | 5438 | apply. ☐ Contingent | | | |
| Number, Street, City, State & 2 | Zip Code | Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who owes the debt? Check of | one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ■ An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors ar | | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to community debt | to a | U Other (including a right to offset) | | | |
| Date debt was incurred | | Last 4 digits of account number | | | |
| 2.2 Ocwen | | Describe the property that secures the claim: | \$49,904.00 | \$57,500.00 | \$0.00 |
| Creditor's Name | | 1423 Bedford Dr. New Haven, IN | | | |
| 1661 Worthington F | | 46774 Allen County | | | |
| Suite 100 | | As of the date you file, the claim is: Check all that | | | |
| West Palm Beach, | FL | apply. | | | |
| 33409 | | Contingent | | | |
| Number, Street, City, State & 2 | Zip Code | Unliquidated | | | |
| Who owes the debt? Check of | one | Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | nie. | _ | | | |
| Debtor 2 only | | An agreement you made (such as mortgage or s car loan) | securea | | |
| ■ Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors ar | nd another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates | | ☐ Other (including a right to offset) | | | |
| community debt | | | | | |
| Date debt was incurred | | Last 4 digits of account number XXXX | • | | |

Official Form 106D

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| Debtor 1 | Keith A. Huffma | n | | Case number (if known) | |
|----------|---------------------------------------|------------------------|------------------------------------|------------------------|---|
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 | Maurisa M. Huff | man | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | |
| Add the | dollar value of your e | ntries in Column A on | this page. Write that number here: | \$73,459.00 |) |
| | the last page of your at number here: | form, add the dollar v | alue totals from all pages. | \$73,459.00 |) |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 1s | 9-10000-reg | D0C 1 | Filed 04/10/19 | Page 21 | 01 50 | |
|---|--|--|---|--|---|--|--|
| Fill in this | information to identify your | case: | | | | | |
| Debtor 1 | Keith A. Huffman | Middle Name | | Last Name | | | |
| Debtor 2 (Spouse if, filin | Maurisa M. Huffm First Name | Middle Name | | Last Name | | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DIST | TRICT OF IN | NDIANA | | | |
| Case numb (if known) | per | | | | | _ | Check if this is an mended filing |
| Schedu | Form 106E/F Ile E/F: Creditors W | | | | avaditara with NON | UDDIODITY ala | 12/15 |
| any executor Schedule G: Schedule D: left. Attach the name and ca | ete and accurate as possible. Us ry contracts or unexpired leases Executory Contracts and Unexp Creditors Who Have Claims Sec he Continuation Page to this pag ise number (if known). List All of Your PRIORITY Un | that could result in a ired Leases (Official I ured by Property. If m je. If you have no info | claim. Also Form 106G). Tore space is | list executory contracts of Do not include any credit needed, copy the Part yo | on Schedule A/B: ors with partially ou need, fill it out, | Property (Offic secured claims number the en | ial Form 106A/B) and on that are listed in tries in the boxes on the |
| 1. Do any | creditors have priority unsecure | d claims against you | ? | | | | |
| ■ No. | Go to Part 2. | | | | | | |
| ☐ Yes. | | | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Clain | ns | | | | |
| 3. Do any | creditors have nonpriority unsec | cured claims against | you? | | | | |
| □ No. ` | You have nothing to report in this p | art. Submit this form to | the court with | n your other schedules. | | | |
| 4. List all unsecur | of your nonpriority unsecured cl ed claim, list the creditor separatel e creditor holds a particular claim, i | y for each claim. For ea | ach claim liste | d, identify what type of clair | m it is. Do not list cl | aims already inc | cluded in Part 1. If more |
| | | | | | | | Total claim |
| | mericollect | Last 4 | digits of acc | count number | | | \$213.00 |
| Р. | npriority Creditor's Name O. Box 1566 anitowoc, WI 54221 | When | was the deb | ot incurred? | | | _ |
| Nu | mber Street City State Zip Code to incurred the debt? Check one. | As of | the date you | file, the claim is: Check a | all that apply | | |
| _ | Debtor 1 only | | ontingent | | | | |
| | Debtor 2 only | | nliquidated | | | | |
| | Debtor 1 and Debtor 2 only | | sputed | | | | |
| | At least one of the debtors and and | _ | • | RITY unsecured claim: | | | |
| | Check if this claim is for a comi | | udent loans | | | | |
| del | | □ Ot | oligations arisi as priority cla | ing out of a separation agreation | eement or divorce t | hat you did not | |
| | No | □ De | ebts to pension | n or profit-sharing plans, ar | nd other similar deb | ts | |
| | Yes | ■ Ot | her. Specify | Collections for med | dical | | |

| Debto | or 2 Maurisa M. Huffman | Case number (if known) | | | | |
|-------|---|---|------------|--|--|--|
| 4.2 | AT&T Mobility | Last 4 digits of account number | \$1,700.00 | | | |
| | Nonpriority Creditor's Name PO Box 6416 Carol Stream, IL 60197-6416 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Cell phone | | | | |
| 4.3 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number XXXX | \$185.00 | | | |
| | PO Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ■ No □ Yes | | | | | |
| | La res | ■ Other. Specify Credit card | | | | |
| 4.4 | CBCS Nonpriority Creditor's Name | Last 4 digits of account number 0034 | \$1,051.00 | | | |
| | P.O. Box 163333 Columbus, OH 43216 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Collections for medical | | | | |
| | | | | | | |

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| Debtor 1 Debtor 2 | Keith A. Huffman Maurisa M. Huffman | Case number (if known) | |
|----------------------|---|---|------------|
| 4.5 | Discover | Last 4 digits of account number | \$1,976.00 |
| | Nonpriority Creditor's Name P.O. Box 15316 Wilmington, DE 19850 | When was the debt incurred? | . , |
| Ī | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card | |
| | Fort Wayne Radiology Nonpriority Creditor's Name | Last 4 digits of account number | \$100.00 |
| | P.O. Box 371863 Pittsburgh, PA 15250 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical bill | |
| | Goodyear/CBNA | Last 4 digits of account number XXXX | \$447.00 |
| | Nonpriority Creditor's Name PO Box 6497 Sioux Falls, SD 57117 | When was the debt incurred? | |
| Ī | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | □ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | lacktriangle Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card | |

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| Debtor 1 Keith A. Huffman Debtor 2 Maurisa M. Huffman | | Case number (if known) | | | | |
|---|--|---|------------|--|--|--|
| 4.8 | MSCB, Inc. | Last 4 digits of account number | \$143.00 | | | |
| | Nonpriority Creditor's Name P.O. Box 1567 Paris, TN 38242 | When was the debt incurred? | | | | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Collections for medical | | | | |
| 4.9 | Parkview Health Nonpriority Creditor's Name | Last 4 digits of account number | \$1,448.00 | | | |
| | P.O. Box 10416 Des Moines, IA 50306 | When was the debt incurred? | | | | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Medical bill | | | | |
| 4.1 | Professional Recovery | Last 4 digits of account number | Unknown | | | |
| | Nonpriority Creditor's Name 7319 West Jefferson Blvd. Fort Wayne, IN 46804 | When was the debt incurred? | | | | |
| - | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Collections for medical | | | | |

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| | or 2 Maurisa M. Huffman | Case number (if known) | | | | |
|----------|---|---|-------------|--|--|--|
| 4.1 | Progressive Leasing | Last 4 digits of account number | \$900.00 | | | |
| ' | Nonpriority Creditor's Name | | · . | | | |
| | 256 West Data Drive Draper, UT 84020 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | | | | | | |
| | Yes | Other. Specify Stove | | | | |
| 4.1 2 | Rent-A-Center | Last 4 digits of account number | \$1,000.00 | | | |
| | Nonpriority Creditor's Name 1536 St. Mary's Avenue Fort Wayne, IN 46808 | When was the debt incurred? | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Washer and dryer | | | | |
| 4.1 | TD Auto Finance | | ¢49.000.00 | | | |
| 3 | | Last 4 digits of account number | \$18,000.00 | | | |
| | Nonpriority Creditor's Name PO BOx 9223 | When was the debt incurred? | | | | |
| | Farmington, MI 48333 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | • | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ■ No | | | | | |
| | ☐ Yes | Other. Specify auto repo | | | | |

| Debtor 1 Debtor 2 | Keith A. H Maurisa N | Huffman 1. Huffman | | Case nu | imber (if known) | | | |
|----------------------|-----------------------------|---|--|----------------|---------------------------------------|---------------------------|--|--|
| T | otal Card, | | Last 4 digits of account number | er | | \$560.00 | | |
| P | onpriority Cred O Box 897 | | When was the debt incurred? | | | - | | |
| N | umber Street (| City State Zip Code | As of the date you file, the clai | m is: Check | all that apply | | | |
| | Debtor 1 onl | у | ☐ Contingent | | | | | |
| | Debtor 2 onl | у | ☐ Unliquidated | | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecu | red claim: | | | | |
| | Check if thi | s claim is for a community | Student loans | | | | | |
| | | bject to offset? | report as priority claims | eparation agi | reement or divorce that you did not | | | |
| | No | | ☐ Debts to pension or profit-sha | aring plans, a | and other similar debts | | | |
| |] Yes | | Other. Specify Credit ca | rd | | - | | |
| Part 3: | List Others | s to Be Notified About a Deb | That You Already Listed | | | | | |
| is trying have mo | to collect fro | m you for a debt you owe to son | out your bankruptcy, for a debt tha neone else, list the original creditor you listed in Parts 1 or 2, list the ac submit this page. | r in Parts 1 | or 2, then list the collection agency | y here. Similarly, if you | | |
| Name and | | | n which entry in Part 1 or Part 2 did y | | 0 | | | |
| P.O. Box | w Health x 10416 | L | Line 4.4 of (Check one): | | | | | |
| | nes, IA 50 | | ast 4 digits of account number | ■ Part 2: 0 | Creditors with Nonpriority Unsecured | Claims | | |
| Name and Radius | Address | | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | |
| PO BOx | 390846 | _ | ine 4.7 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Minneap | oolis, MN 5 | | ast 4 digits of account number | — Tan 2. (| Steakors with Noripholity Offsecured | Ciairis | | |
| Part 4: | Add the Ar | nounts for Each Type of Uns | secured Claim | | | | | |
| | amounts of insecured cla | | ns. This information is for statistica | al reporting | purposes only. 28 U.S.C. §159. Ad | d the amounts for each | | |
| | | | | | Total Claim | | | |
| Tot clain | | Domestic support obligations | | 6a. | \$0.00 | _ | | |
| from Part | | Taxes and certain other debts | • | 6b. | \$0.00 | _ | | |
| | 6c. 6d. | | ijury while you were intoxicated cured claims. Write that amount here | 6c. . 6d. | \$ 0.00 | | | |
| | ou. | Other. Add all other priority urise | cured claims. Write that amount here | . ou. | \$0.00 | _ | | |
| | 6e. | Total Priority. Add lines 6a throu | ıgh 6d. | 6e. | \$ | _ | | |
| | | | | | Total Claim | | | |
| Tot | | Student loans | | 6f. | \$ | - | | |
| clain from Part | | Obligations arising out of a se | paration agreement or divorce that | 6g. | \$ 0.00 | | | |
| | 6h. | | ing plans, and other similar debts | 6h. | \$ 0.00 | _ | | |
| | 6i. | Other. Add all other nonpriority unhere. | nsecured claims. Write that amount | 6i. | \$ 27,723.00 | - | | |
| | 6j. | Total Nonpriority. Add lines 6f t | nrough 6i. | 6j. | \$ 27,723.00 | _ | | |

Case 19-10606-reg Doc 1 Filed 04/10/19 Page 33 of 56

| Fill in this infor | Fill in this information to identify your case: | | | | | | |
|--|---|-------------|-----------|--|---------------------|--|--|
| Debtor 1 | Keith A. Huffman | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Maurisa M. Huffm | nan | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA | | | | | | | |
| Case number | | | | | | | |
| (if known) | | | | | Check if this is an | | |
| | | | | | amended filing | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or | company with Name, Number | whom you have the r, Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Oldio | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| • | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | J, | | 31010 | 2 5545 | |
| - | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

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| | 0000 10 . | lood reg Do | 0 1 1 1100 0-1/10/ | 10 1 age 04 | 01.00 |
|--------------------------------------|---|------------------------------|-----------------------------|--|---|
| Fill in this info | rmation to identify your cas | se: | | | |
| Debtor 1 | Keith A. Huffman | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Maurisa M. Huffman | | Last Name | | |
| (Spouse if, filing) | FIRST Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT | OF INDIANA | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official E | orm 106H | | | | |
| | | -4 | | | |
| Schedule | e H: Your Codel | otors | | | 12/15 |
| 1. Do you □ □ No ■ Yes 2. Within the | case number (if known). A have any codebtors? (If you he last 8 years, have you liv alifornia, Idaho, Louisiana, Ne | u are filing a joint case, o | do not list either spouse a | ? (Community proper | ty states and territories include |
| ■ No. Go t | , , | wada, now moxido, r a | one rube, roxae, rraemin | giori, and moorion. | , |
| ☐ Yes. Did | l your spouse, former spouse | , or legal equivalent live | e with you at the time? | | |
| in line 2 ag | gain as a codebtor only if th D), Schedule E/F (Official Fo | nat person is a guaran | tor or cosigner. Make su | ire you have listed t | ng with you. List the person shown the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to fil |
| | mn 1: Your codebtor Number, Street, City, State and ZIP C | ode | | Column 2: The cr Check all schedu | reditor to whom you owe the debt les that apply: |
| 1423 | nard Huffman 3 Bedford Dr 7 Haven, IN 46774 | | | ■ Schedule D, □ Schedule E/F □ Schedule G Ally Financial | -, line |

Schedule H: Your Codebtors

| | in this information to identify y | | | | | | | |
|--------------|---|--|---|---|--|--|--|--|
| Dec | otor 1 Keith A | Huffman | | | | | | |
| | otor 2 Maurisa | M. Huffman | | | | | | |
| Unit | ed States Bankruptcy Court for | or the: NORTHERN DISTRI | CT OF INDIANA | | | | | |
| | e number | | _ CI | Check if this is: | | | | |
| (If kn | own) | | □ | An amended filing | | | | |
| | | | | A supplement showing postpetition chapter 13 income as of the following date: | | | | |
| Of | ficial Form 106I | | | MM / DD/ YYYY | | | | |
| So | chedule I: Your I | ncome | | 12/15 | | | | |
| supp spot | olying correct information. It use. If you are separated and the separate sheet to this form. | you are married and not filid your spouse is not filing worm. On the top of any addit | ing jointly, and your spouse is living w rith you, do not include information ab | Debtor 2), both are equally responsible for ith you, include information about your out your spouse. If more space is needed, anumber (if known). Answer every question | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse | | | | |
| | If you have more than one jo | one job, | ■ Employed | ■ Employed | | | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed | | | | |
| | employers. | Occupation | Maintenance | Supervisor | | | | |
| | Include part-time, seasonal, self-employed work. | or Employer's name | Bishop Dwenger HS | cvs | | | | |
| | Occupation may include stude | dent Employer's address | 1300 E Washington Center Pd | 1 CVS Dr | | | | |

Give Details About Monthly Income

or homemaker, if it applies.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

How long employed there?

1300 E Washington Center Rd

Fort Wayne, IN 46825

28 years

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

| | | | non-filing spouse | | | |
|----|-----|----------|-------------------|----------|--|--|
| 2. | \$ | 2,753.04 | \$ | 2,323.32 | | |
| 3. | +\$ | 0.00 | +\$_ | 0.00 | | |
| 4. | \$ | 2,753.04 | \$_ | 2,323.32 | | |

For Debtor 1

1 CVS Dr.

Woonsocket, RI 02895

For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

| | otor 1 otor 2 | Keith A. Huffman Maurisa M. Huffman | _ | Case | number (<i>if known</i>) | | | | |
|--|---|---|-------------------------|----------------|----------------------------|----------|------------------------------------|-----------------|--|
| | | | | | Debtor 1 | no | or Debtor 2 or on-filing spouse | | |
| | Cop | y line 4 here | 4. | \$ | 2,753.04 | _ \$ | 2,323.32 | - | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 476.44 | \$ | 355.59 | | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | - : - | 281.02 | - | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | | 0.00 | | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | - | |
| | 5e. | Insurance | 5e. | \$ | 406.08 | \$ | 0.00 | - | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | _ | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | _ + \$ _ | 0.00 | | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 882.52 | \$ | 636.61 | - | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,870.52 | \$ | 1,686.71 | _ | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | | |
| | 8b. | Interest and dividends | 8b. | \$_ | 0.00 | - '- | 0.00 | - | |
| | 8c. 8d. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation | | \$ \$ | 0.00 | \$ | 0.00 | - | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | - | |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | e 8f. 8g. 8h.+ | \$ \$ \$ | 0.00 0.00 0.00 | \$ | 0.00 0.00 0.00 | - - - | |
| 9. | Ada | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | — 9. | \$ | 0.00 | \$ | 0.00 | | |
| ٠. | | | ٠. | | 0.00 | | 0.00 | | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 1,870.52 + \$ | 1 | = \$ | 3,557.23 | |
| 11. | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | | | | 12. \$ | 3,557.23 | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form | 1? | | | | Combir monthly | ned y income | |
| | | Yes. Explain: | | | | | | | |

| | in this informa | tion to identify yo | NIL 0000: | | | 1 | | |
|---------|------------------------------|--|------------------------|--|--|--------------|-----------------------------------|--|
| | | | | | | | | |
| Deb | tor 1 | Keith A. Huff | fman | | | Che | ck if this is: An amended filing | |
| | tor 2 ouse, if filing) | Maurisa M. H | luffman | | | | • | wing postpetition chapter the following date: |
| Unit | ed States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF INDI | ANA | | MM / DD / YYYY | |
| 1 | e number nown) | | | | | | | |
| | | rm 106J | | | | | | |
| Be info | as complete a | | possible eded, atta | . If two married people a ch another sheet to this | | | | |
| Pari | t 1: Descr Is this a joir | ibe Your House | hold | | | | | |
| | □ No. Go to | | in a separ | ate household? | | | | |
| | ■ N | 0 | - | al Form 106J-2, <i>Expense</i> | s for Separate House | ehold of Del | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Daughter | | 22 | □ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes |
| 3. | expenses o | penses include f people other t d your depende | han $_{m 	au}$ | No Yes | | | | ☐ Yes |
| exp | imate your ex | | our bankr | uptcy filing date unless | | | | apter 13 case to report of the form and fill in the |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I:</i> | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. r lot. | Include first mortgag | e 4. | \$ | 485.00 |
| | If not includ | led in line 4: | | | | | | |
| | | estate taxes | | 1- 1 | | 4a. | · | 0.00 |
| | | rty, homeowner's maintenance, re | | 's insurance ıpkeep expenses | | 4b. 4c. | · | 0.00 75.00 |
| _ | 4d. Home | owner's associat | ion or con | dominium dues | | 4d. | \$ | 0.00 |
| 5. | Additional r | nortgage payme | ents for yo | our residence, such as he | ome equity loans | 5. | \$ | 0.00 |

| | ith A. Huffman Iurisa M. Huffman | Case num | ber (if known) | |
|---------------------------|--|--------------|----------------|--------------------------|
| . Utilities: | | | | |
| 6a. Ele | ctricity, heat, natural gas | 6a. | · | 235.00 |
| 6b. Wa | tter, sewer, garbage collection | 6b. | \$ | 131.00 |
| | ephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 455.00 |
| 6d. Ot | ner. Specify: | 6d. | \$ | 0.00 |
| | d housekeeping supplies | 7. | \$ | 650.00 |
| Childcar | e and children's education costs | 8. | \$ | 0.00 |
| Clothing | , laundry, and dry cleaning | 9. | \$ | 135.00 |
|). Persona | care products and services | 10. | \$ | 60.00 |
| . Medical | and dental expenses | 11. | \$ | 100.00 |
| | tation. Include gas, maintenance, bus or train fare. | 40 | Φ. | 400.00 |
| | clude car payments. | 12. | \$ | |
| | ment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 150.00 |
| | le contributions and religious donations | 14. | \$ | 0.00 |
| . Insuranc | | | | |
| | clude insurance deducted from your pay or included in lines 4 or 20. | 15a. | ¢ | 100.00 |
| | alth insurance | 15a. 15b. | | 100.00 |
| | | | · — | 0.00 |
| | hicle insurance | 15c. | · | 196.00 |
| | ner insurance. Specify: | 15d. | Φ | 0.00 |
| Specify: | o not include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | ent or lease payments: r payments for Vehicle 1 | 17a. | ¢ | 0.00 |
| | · | 17a. 17b. | · | 0.00 |
| | r payments for Vehicle 2 | | | 0.00 |
| | ner. Specify: Stove | 17c. | \$ | 250.00 |
| | ner. Specify: | 17d. | \$ | 0.00 |
| | ments of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| | I from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). yments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| Specify: | yments you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| | al property expenses not included in lines 4 or 5 of this form or on Sched | | ur Income | |
| | rtgages on other property | 20a. | | 0.00 |
| | al estate taxes | 20b. | · - | 0.00 |
| | operty, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | intenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | meowner's association or condominium dues | 20d. 20e. | · | |
| | | | · | 0.00 |
| . Other: S | Pet expenses | 21. | +Φ | 110.00 |
| 2. Calculate | e your monthly expenses | | | |
| 22a. Add | lines 4 through 21. | | \$ | 3,532.00 |
| | y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| · | line 22a and 22b. The result is your monthly expenses. | | \$ | 3,532.00 |
| 220. Add | and 220. The reductio your monthly expended. | | | 3,332.00 |
| | e your monthly net income. | | | |
| 23a. Co | py line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,557.23 |
| 23b. Co | py your monthly expenses from line 22c above. | 23b. | -\$ | 3,532.00 |
| | | | | |
| | otract your monthly expenses from your monthly income. | 00- | • | 25 22 |
| Th | e result is your monthly net income. | 23c. | \$ | 25.23 |
| For examp modification | xpect an increase or decrease in your expenses within the year after you le, do you expect to finish paying for your car loan within the year or do you expect your m to the terms of your mortgage? | | | or decrease because of a |
| ■ No. | Embraham | | | |
| ☐ Yes. | Explain here: | | | |

| Fill in this infor | mation to identify you | case: | |
|---------------------|---|--|---|
| Debtor 1 | Keith A. Huffma | 1 | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | Maurisa M. Huff | nan | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF INDIANA | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an |
| | | | amended filing |
| ou must file th | is form whenever you | er, both are equally responsible for supplying correct informa file bankruptcy schedules or amended schedules. Making a fa in connection with a bankruptcy case can result in fines up to 1519, and 3571. | alse statement, concealing property, or |
| Sig | n Below | | |
| Did you pa | ay or agree to pay som | eone who is NOT an attorney to help you fill out bankruptcy fo | orms? |
| ■ No | | | |
| ☐ Yes. | Name of person | | tach Bankruptcy Petition Preparer's Notice, eclaration, and Signature (Official Form 119) |
| • | alty of perjury, I declar re true and correct. | e that I have read the summary and schedules filed with this d | leclaration and |
| | ith A. Huffman | X /s/ Maurisa M. Huffma | an |
| | A. Huffman | Maurisa M. Huffman | |
| Signatu | ire of Debtor 1 | Signature of Debtor 2 | |
| Date | April 10, 2019 | Date April 10, 2019 | |

| Fill i | n this inforn | nation to identify you | r case: | | | |
|------------------|------------------------|--|--|---|---|---|
| Debt | | Keith A. Huffmai | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debt | or 2 se if, filing) | Maurisa M. Huffi | man Middle Name | Last Name | | |
| , . | • | nkruptcy Court for the: | NORTHERN DISTRICT (| | | |
| Office | u States Da | inkruptcy Court for the. | NORTHERN DISTRICT C | DE INDIANA | | |
| Case (if know | e number wn) | | | | | heck if this is an mended filing |
| Sta Be as | complete a | of Financial | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup | |
| Part | | , | rital Status and Where You | Lived Before | | |
| 1. \ | What is you | r current marital statu | ıs? | | | |
|]] | ■ Married □ Not mar | rried | | | | |
| 2. [| Ouring the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| I | ■ No □ Yes. Lis | st all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>i</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory ico, Texas, Washington and W | |
|] [| ■ No □ Yes. Ma | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Part | 2 Explai | n the Sources of You | r Income | | | |
| F | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| [| □ No Fill | in the details. | | | | |
| | - 163.1111 | iii tile details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$10,000.00 | ■ Wages, commissions, bonuses, tips | \$5,681.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| | | aurisa M. Hu | | | | Cas | se number (if known) | | |
|----|-----------------------------|--|--|---|---|--|---|--|---|
| | | | | Debtor 1 Sources of income Check all that apply. | | s income re deductions and sions) | Debtor 2 Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | r last caler inuary 1 to | ndar year: December 31 | 1, 2018) | ■ Wages, commissions, bonuses, tips | | \$57,462.00 | ☐ Wages, combonuses, tips | nmissions, | \$0.00 |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | | dar year befo December 31 | | ■ Wages, commissions, bonuses, tips | | \$53,672.00 | ☐ Wages, combonuses, tips | nmissions, | \$0.00 |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | winnings. List each | If you are filing | g a joint cas | pensions; rental income; inter e and you have income that y me from each source separa | you recei | ved together, list it | only once under D | ebtor 1. | - , |
| | | | | Debtor 1 Sources of income | Gross | s income from | Debtor 2 Sources of inc | rome | Gross income |
| | | | | Describe below. | each (befor | source re deductions and sions) | Describe below | | (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Payı | ments You | Made Before You Filed for | Bankrup | otcy | | | |
| ô. | □ No. | Neither Debindividual pring the 9 No. Yes * Subject to | otor 1 nor D imarily for a 0 days befo Go to line 7 List below e paid that cre not include adjustment Debtor 2 o | s debts primarily consume ebtor 2 has primarily consupersonal, family, or househo re you filed for bankruptcy, dieach creditor to whom you paieditor. Do not include payment payments to an attorney for to a 4/01/22 and every 3 year both have primarily consure you filed for bankruptcy, dieserver better the consumer of | umer det id purpos id you pa id a total hts for do his bankr s after th umer det | ots. Consumer deb se." y any creditor a total of \$6,825* or more mestic support obli- ruptcy case. at for cases filed or ots. | al of \$6,825* or mo in one or more pay gations, such as cl | ore? yments and tl nild support a of adjustment | ne total amount you nd alimony. Also, do |
| | | □ No. | Go to line 7 | | | | | | |
| | | i | include pay | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | | |
| | Creditor | 's Name and | Address | Dates of payme | ent | Total amount paid | Amount you still owe | Was this p | payment for |
| | Suite 10 | orthington F 00 alm Beach, I | | Monthly paym | nents | \$1,465.00 | \$49,904.00 | ■ Mortgag □ Car □ Credit 0 □ Loan R □ Supplie □ Other | Card |

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| | otor 1 otor 2 | Keith A. Huffman Maurisa M. Huffman | | Cas | se number (if kno | wn) | |
|-----|----------------------|---|--|--|---------------------------------------|-------------------------------------|--|
| 7. | <i>Inside</i> of whi | in 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partners more of their voting | erships of which g securities; and | n you are a general dany managing a | al partner; corporations agent, including one for |
| | | No Yes. List all payments to an insider. | | | | | |
| | Insic | der's Name and Address | Dates of payment | Total amount paid | Amount you | | this payment |
| 8. | inside | in 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos | | ments or transfer a | any property o | n account of a d | ebt that benefited an |
| | | No | | | | | |
| | | Yes. List all payments to an insider der's Name and Address | Dates of payment | Total amount | Amount yo | u Reason for | this payment |
| | moic | der 3 Name and Address | bates of payment | paid | still ow | | |
| Pai | rt 4: | Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | List al | in 1 year before you filed for bankrupto Il such matters, including personal injury fications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of th | ne case |
| 10. | | in 1 year before you filed for bankrupto k all that apply and fill in the details below | | rty repossessed, f | oreclosed, gar | nished, attache | d, seized, or levied? |
| | | No. Go to line 11. | | | | | |
| | | Yes. Fill in the information below. | | | | | V 1 64 |
| | Cred | litor Name and Address | Describe the Property Explain what happened | | Da | ate | Value of the property |
| 11. | accor | n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details. | otcy, did any creditor, incl | | nancial institut | ion, set off any a | amounts from your |
| | | litor Name and Address | Describe the action the | creditor took | | ate action was | Amount |
| 12. | | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a | | rty in the possess | ion of an assiç | gnee for the ben | efit of creditors, a |
| | _ | No | | | | | |
| | □ ` | Yes | | | | | |
| Pai | rt 5: | List Certain Gifts and Contributions | | | | | |
| 13. | = 1 | in 2 years before you filed for bankrup | tcy, did you give any gifts | with a total value | of more than | \$600 per person | ? |
| | Gifts | Yes. Fill in the details for each gift. s with a total value of more than \$600 person | Describe the gifts | | | ates you gave e gifts | Value |
| | | son to Whom You Gave the Gift and ress: | | | | | |

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| | otor 1 Keith A. Huffman Maurisa M. Huffman | | | Case number | (if known) | |
|-----|---|------------------------------|--|----------------|---|---------------------------|
| 14. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or or | | | ns with a tota | Il value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did y | ou lose anyt | thing because of the | ft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the lot the amount that insurance has paid. Lot claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process. No Yes. Fill in the details. | preparir | ng a bankruptcy petition? | | | nty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ′ou | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | Golden Law, PC 822 Mill Lake Road Fort Wayne, IN 46845 dgolden@goldenlaw.biz | | Attorney Fees | | April 2019 | \$660.00 |
| | summitfe.org | | Credit counseling | | April 2019 | \$14.95 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that No Yes. Fill in the details. | ditors o | r to make payments to your creditor | | or transfer any prope | erty to anyone who |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No Yes. Fill in the details. | ı r busin s made a | ess or financial affairs? as security (such as the granting of a s | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts | Date transfer was made |
| | Person's relationship to you | | | P 0X | | |

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| Deb | otor 2 | Maurisa M. Huffman | | | Case nun | nber (if known) | | |
|-----|------------------------|--|--|------------------|-----------------|---|-----------|-----------------------------|
| 19. | bene | in 10 years before you filed for bankrup ficiary? (These are often called asset-pro | | ny property to a | a self-settle | ed trust or similar devic | e of whi | ich you are a |
| | | Yes. Fill in the details. | Description and | value of the pro | perty trans | sferred | Date | e Transfer was |
| | | | 2000.1 p 11011 0110 | тапо от пло р | , por ty train. | | mad | |
| Par | t 8: | List of Certain Financial Accounts, Ins | struments, Safe Deposi | it Boxes, and S | torage Uni | ts | | |
| 20. | sold, Inclu hous | in 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso No | or other financial accou | nts; certificate | s of depos | • | - | |
| | | Yes. Fill in the details. ne of Financial Institution and | Last 4 digits of | Type of acco | unt or | Date account was | | Last balance |
| | | ress (Number, Street, City, State and ZIP | account number | instrument | varit or | closed, sold, moved, or transferred | be | fore closing or transfer |
| 21. | | ou now have, or did you have within 1 y , or other valuables? | year before you filed fo | r bankruptcy, a | iny safe de | posit box or other depo | ository f | or securities, |
| | | No Yes. Fill in the details. | | | | | | |
| | | ne of Financial Institution ress (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | | o you still ave it? |
| 22. | Have | you stored property in a storage unit of | or place other than you | r home within 1 | l year befo | re you filed for bankrup | otcy? | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | ne of Storage Facility ress (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, S State and ZIP Code) | | Describe | the contents | | o you still ave it? |
| Par | t 9: | Identify Property You Hold or Control | for Someone Else | | | | | |
| 23. | _ | ou hold or control any property that so omeone. | meone else owns? Incl | ude any prope | rty you bor | rowed from, are storing | g for, or | hold in trust |
| | | No Yes. Fill in the details. | | | | | | |
| | | ner's Name ress (Number, Street, City, State and ZIP Code) | Where is the proj (Number, Street, City, S Code) | | Describe | the property | | Value |
| Par | t 10: | Give Details About Environmental Info | ormation | | | | | |
| For | the pu | urpose of Part 10, the following definition | ons apply: | | | | | |
| | toxic | ronmental law means any federal, state substances, wastes, or material into the lations controlling the cleanup of these | he air, land, soil, surfac | e water, groun | | | | |
| | _ | means any location, facility, or property | • | | law, wheth | ner you now own, opera | ate, or u | tilize it or used |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Keith A. Huffman

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

hazardous material, pollutant, contaminant, or similar term.

Debtor 1 Keith A. Huffman
Debtor 2 Maurisa M. Huffman

Case number (if known)

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | | | | | |
|-----|--|--|---------|--|--------------------|--|--|--|
| | Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | ınd | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of an | y release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | ınd | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or admin | istrative proceeding under any en | viron | mental law? Include settlements ar | nd orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Co | nnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy | , did you own a business or have a | any o | f the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity | y, eith | ner full-time or part-time | | | | |
| | ☐ A member of a limited liability compan | y (LLC) or limited liability partners | hip (l | LLP) | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing exec | utive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting of | or equity securities of a corporation | n | | | | | |
| | ■ No. None of the above applies. Go to Par | t 12. | | | | | | |
| | Yes. Check all that apply above and fill in | the details below for each busines | ss. | | | | | |
| | Business Name D Address | escribe the nature of the business | 3 | Employer Identification number Do not include Social Security n | umber or ITIN | | | |
| | | lame of accountant or bookkeeper | | Dates business existed | umber of Triiv. | | | |
| 28. | 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | ate Issued | | | | | | |
| | | | | | | | | |

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| Debtor 1 | | | | One comban in |
|--------------------|--|-------------|--|---|
| Debtor 2 | Maurisa M. Huffman | | | Case number (if known) |
| Part 12: | Sign Below | | nurisa M. Huffman sa M. Huffman sure of Debtor 2 April 10, 2019 Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| are true with a ba | | atement, | , concealing property, o | or obtaining money or property by fraud in connection |
| /s/ Keit | h A. Huffman | /s/ Ma | urisa M. Huffman | |
| Keith A | A. Huffman | Mauri | sa M. Huffman | |
| Signatu | re of Debtor 1 | Signat | ure of Debtor 2 | |
| Date _ | April 10, 2019 | Date | April 10, 2019 | |
| Did you | attach additional pages to Your Statement of F | inancial A | Affairs for Individuals F | iling for Bankruptcy (Official Form 107)? |
| ■ No | | | | |
| ☐ Yes | | | | |
| Did you ■ No | pay or agree to pay someone who is not an atto | orney to I | nelp you fill out bankru | ptcy forms? |
| □ Yes N | Name of Person Attach the Bankruntcy Pe | tition Prer | parer's Notice Declaration | n, and Signature (Official Form 119) |

| | | 9 | | 3 | |
|------------------------|--|-------------------------------|--------------------------------|--|-------|
| | | | | | |
| Fill in this infor | mation to identify yo | ur case: | | | |
| Debtor 1 | Keith A. Huffm | an | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Maurisa M. Huf | fman | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the | : NORTHERN DISTRICT | OF INDIANA | | |
| Case number (if known) | | | | ☐ Check if this amended filir | |
| Official Fo | | on for Individu | ıals Filing Unde | r Chapter 7 | 12/15 |
| | ividual filing under c | hapter 7, you must fill out t | his form if: | | |
| You must file thi | is form with the cour ever is earlier, unless | | le your bankruptcy petition or | by the date set for the meeting of cre ad copies to the creditors and lessors | |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| Creditor's Ally Financial | ■ Surrender the property. | ■ No |
| name: Description of property 1423 Bedford Dr securing debt: New Haven, IN 46774 | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| Creditor's Ocwen name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □No |
| Description of property securing debt: 1423 Bedford Dr. New Haven, IN 46774 Allen County | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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| Debtor 1 Keith A. Huffman Debtor 2 Maurisa M. Huffman | Case number (if known) |
|--|--|
| | |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention aboroperty that is subject to an unexpired lease. | out any property of my estate that secures a debt and any personal |
| | X _/s/ Maurisa M. Huffman |
| Keith A. Huffman | Maurisa M. Huffman |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date April 10, 2019 | Date April 10, 2019 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|--------|--------------------|--|
| | \$245 | filing fee | |
| | \$75 | administrative fee | |
| | + \$15 | trustee surcharge | |
| | \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Indiana

| In re | Keith A. Huf Maurisa M. I | | | Case No. | | |
|-------|---|---|--|----------------------|-------------------------------------|--|
| | | | Debtor(s) | Chapter | 7 | |
| | DI | SCLOSURE OF COMI | PENSATION OF ATTOR | RNEY FOR DE | EBTOR(S) | |
| 1. | | | | | | |
| 1. | compensation paid | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal serv | ices, I have agreed to accept | | \$ | 660.00 | |
| | Prior to the fil | ling of this statement I have receive | red | \$ | 660.00 | |
| | | | | | 0.00 | |
| 2. | The source of the o | compensation paid to me was: | | | | |
| | Debtor | ☐ Other (specify): | | | | |
| 3. | The source of com | pensation to be paid to me is: | | | | |
| | Debtor | ☐ Other (specify): | | | | |
| 4. | ■ I have not agree | eed to share the above-disclosed co | ompensation with any other person | unless they are mem | bers and associates of my law firm. | |
| | | | ensation with a person or persons we names of the people sharing in the | | | |
| 5. | In return for the ab | n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | b. Preparation and | I filing of any petition, schedules, of the debtor at the meeting of cre | endering advice to the debtor in dete statement of affairs and plan which editors and confirmation hearing, an | may be required; | | |
| 6. | Represe | | d fee does not include the following dischargeability actions, judie | | es, relief from stay actions or | |
| | | | CERTIFICATION | | | |
| | I certify that the fo bankruptcy proceed | | f any agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in | |
| | April 10, 2019 | | /s/ Dennis G. Gold | den | | |
| Date | | Dennis G. Golden | | | | |
| | | Signature of Attorne Golden Law, PC | y | | | |
| | | | 822 Mill Lake Roa | ıd | | |
| | | | Fort Wayne, IN 46 | 845 | | |
| | | | 260-637-7100 Fa | | | |
| | | | dgolden@golden | law.biz | | |
| | | | Name of law firm | | | |

(6/2010)

United States Bankruntcy Court

| North our District of Indiana | | | | | |
|-------------------------------|--|--|--------------------|------------------------------|--|
| | Northern District of Indiana | | | | |
| In re | Keith A. Huffman Maurisa M. Huffman | | Case No. | | |
| | | Debtor(s) | Chapter | 7 | |
| | | | | | |
| | | | | | |
| | VERIE | FICATION OF CREDITOR M | /ATRIX | | |
| | VERII | realition of execution is | 11111111 | | |
| | | | | | |
| | | der penalty of perjury that the attached list of | f creditors is tru | e and correct to the best of | |
| his/her | knowledge. | | | | |
| | | | | | |
| | | | | | |
| _ | | | | | |
| Date: | April 10, 2019 | /s/ Keith A. Huffman | | | |
| | | Keith A. Huffman | | | |
| | | Signature of Debtor | | | |
| Date: | April 10, 2019 | /s/ Maurisa M. Huffman | | | |
| | <u></u> | Maurisa M. Huffman | | | |

Signature of Debtor

ALLY FINANCIAL PO BOX 380901 MINNEAPOLIS, MN 55438

AMERICOLLECT P.O. BOX 1566 MANITOWOC, WI 54221

AT&T MOBILITY PO BOX 6416 CAROL STREAM, IL 60197-6416

CAPITAL ONE PO BOX 30285 SALT LAKE CITY, UT 84130

CBCS P.O. BOX 163333 COLUMBUS, OH 43216

DISCOVER
P.O. BOX 15316
WILMINGTON, DE 19850

FORT WAYNE RADIOLOGY P.O. BOX 371863 PITTSBURGH, PA 15250

GOODYEAR/CBNA PO BOX 6497 SIOUX FALLS, SD 57117

MSCB, INC. P.O. BOX 1567 PARIS, TN 38242 OCWEN
1661 WORTHINGTON RD
SUITE 100
WEST PALM BEACH, FL 33409

PARKVIEW HEALTH
P.O. BOX 10416
DES MOINES, IA 50306

PROFESSIONAL RECOVERY 7319 WEST JEFFERSON BLVD. FORT WAYNE, IN 46804

PROGRESSIVE LEASING 256 WEST DATA DRIVE DRAPER, UT 84020

RADIUS PO BOX 390846 MINNEAPOLIS, MN 55439

RENT-A-CENTER 1536 ST. MARY'S AVENUE FORT WAYNE, IN 46808

TD AUTO FINANCE PO BOX 9223 FARMINGTON, MI 48333

TOTAL CARD, INC PO BOX 89725 SIOUX FALLS, SD 57109